

Giroux, Robert
Father's file

3580

En-stu.

5-115

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CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 6186	ENGLISH NAME Robert Giroux	AGENCY Rosebud	NATION Sioux				
BAND Brule	INDIAN NAME	HOME ADDRESS Des. Giroux, Gooby, S. Dak.					
PARENTS LIVING OR DEAD	BLOOD 1/2	AGE 20	HEIGHT 5-6	WEIGHT 152 1/2	FORCED INSP. 37 1/2	FORCED EPKR. 34	SEX. M.
FATHER, L	MOTHER, L	ARRIVED AT SCHOOL 10-7-1910		FOR WHAT PERIOD Three years		DATE DISCHARGED 3-3-'11	
TO COUNTRY 2-1-'11		PATRONS NAME AND ADDRESS On leave				CAUSE OF DISCHARGE Failed to return	
FROM COUNTRY							

THE SHAW-WALKER CO., MUSKOGEE, 79104

Months in school before Carlisle, 8/.....

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Religion, Catholic

Miles to school - 18

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

3580
 NAME OF PUPIL Gionux Robert DATE 1/10 1910

AGE 20 YEARS { NEW STUDENT. TRIBE Siox STATE S. D.
 { RETURNED }

DEGREE OF INDIAN BLOOD 1/4

INSPECTION Depression above clavicles

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Frictionless increased in right in front.
 { RESP. MURMUR Normal

HEART SOUNDS Good

MENSURATION { INSP. 37 1/2 RESPIRATION 20 PULSE 10
 { EXP. 34

TEMPERATURE 99.2 degs. HEIGHT 5 FT 6 IN. WEIGHT 159 1/2 LBS.

VISION 10/40 VACCINATION Good seen

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>Yes</u>	<u>Good</u>		
MOTHER	<u>Yes</u>	<u>Good</u>		
BROTHERS {	<u>4</u>	<u>Good</u>		
SISTERS {	<u>4</u>	<u>Good</u>		

PERSONAL HISTORY: Phnuumonia.

REMARKS: General health good

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Giroux Robert DATE 14 1910

AGE 20 YEARS { NEW / RETURNED } STUDENT. TRIBE Siou STATE S. D.

DEGREE OF INDIAN BLOOD 1/4

INSPECTION Depression above clavicles

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Frenetics increased in right in front
RESP. MURMUR Normal

HEART SOUNDS Good

MENSURATION { INSP. 37 1/2 RESPIRATION 20 PULSE 10
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TEMPERATURE 99.2 degs. HEIGHT 5 FT. 6 IN. WEIGHT 152 1/2 LBS.

VISION 10/40 VACCINATION Good scar

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>yes</u>	<u>Good</u>		
MOTHER	<u>yes</u>	<u>Good</u>		
BROTHERS {	<u>4</u>	<u>yes</u>	<u>Good</u>	
SISTERS {	<u>4</u>	<u>yes</u>	<u>good</u>	

PERSONAL HISTORY: Phnumonia

REMARKS: General health good

NAME Robert Giroux Sex Male. Female.

Tribes { Full } Brule Sioux State South Dakota Sept. 27, 1910

Age 20 years Respiration 18 Condition of Eyes Good

Height 6 ft. 1 1/2 ins. Mensuration { Insp. 36 1/2 Ears Good

Weight 149 lbs. { Exp. 33 Throat normal

Temperature 99° Vaccination yes. Cervical glands normal

Pulse 76 Vision Good Skin normal

Inspection normal

Palpation normal

Percussion normal

Auscultation normal

Heart normal

(Menstruation) _____

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	✓	Good		
Mother	✓	Good		
Brothers <u>6</u>	<u>3</u>	<u>Good</u>	<u>1</u>	<u>Blood poisoning</u>
			<u>2</u>	<u>Summer Complaint</u>
Sisters <u>6</u>	<u>4</u>	<u>Good</u>	<u>2</u>	<u>Summer Complaint</u>

Personal history Has attended Pine Ridge Boarding & Rosebud Boarding & St. Francis Mission & Rapid City 1 year.

Present condition Good

Samuel A. Tate, M. D.

This form is for the record of the physical condition of pupils of boarding or nonreservation Indian schools. It should be filled in by the school physician at the time of the admission of the pupil.

Physicians in the field should use this form to record the examination of pupils for transfer to nonreservation schools. It should accompany the pupils' transfer blanks.

The reverse side is intended as a card-index case-record for use by all Service physicians.

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5-192 a.

BRIEF.

APPLICATION OF

Robert Giroux

FOR THE ENROLLMENT OF

Himself

IN THE INDIAN SCHOOL AT

Carlisle, Pa.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Rosebud, S. D.

Date of enrollment, October, 1910

Term of enrollment, ~~one~~ ^{three} (3) years.

NAME OF COLLECTING AGENT:

Position,

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

(For a child enrolled at an Agency.)

For and in consideration of the Government of the United States assuming the care, education, and maintenance in the United States Indian School at _____

Carlisle, Pa.

of Robert Giroux; male; date of birth Nov. 14, 1890;
(Name of child.) (Sex.)

Sioux

(Tribe.)

NAME OF FATHER. <small>(Both Indian and English.)</small>	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>George Giroux</u>	L	<u>Sioux</u>		<u>1/4</u>
NAME OF MOTHER.				
<u>Amy Giroux</u>	L	"		<u>3/4</u>

I, Robert Giroux, do hereby voluntarily consent and agree to my
(Parent, guardian, or next of kin.)
 enrollment in said school for a period of three years, and also obligate myself to abide by
(Not less than 3.)
 all the rules and regulations for Indian schools.

The said child has been enrolled in the following schools:

NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE.	GRADE.
1. <u>Pine Ridge Rosebud Boarding</u>	<u>1897</u>	<u>1898</u>		
2. <u>Rosebud Boarding</u>	<u>1898</u>	<u>1902</u>		
3. <u>St. Francis Mission</u>	<u>1902</u>	<u>1905</u>		
4. <u>Rapid City</u>	<u>1905</u>	<u>1906</u>		

Mr. Robert Giroux
(Parent, guardian, or next of kin.)

P. O. address: Gooby, S. D.

Two witnesses:

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find him to be in proper physical condition to attend school, and not afflicted with tuberculosis or any disease which would be a menace to the health of other pupils.

This 27 day of September, 1900

Samuel A. Tate

Physician at Rosebud Agency.

CERTIFICATE OF AGENT OR BONDED SUPERINTENDENT.

I hereby certify that the statements made in the foregoing application and certificate, to the best of my knowledge and belief, are true; that the consent of _____ (Parent, guardian, or next of kin.) was voluntary, and I recommend the transfer of the said child.

This _____ day of _____, 190

J. B. Wood
Agent or Superintendent.

CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on _____, I made a careful examination of the physical condition of _____, the child named in the foregoing application, and found _____ to be _____

(As soon after arrival as possible.)

I therefore recommend that the said child be _____ enrolled in this school.

This _____ day of _____, 190

School Physician.

SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a nonreservation school. The Superintendent of the nonreservation school will retain the original for his files, and the duplicate shall be deposited in the Agency records. The agent will then send to the Commissioner of Indian Affairs his certificate as provided by law. All the blanks must be properly filled in every case.

If the information called for on any part of the blank is not known, that fact should be stated. No space should be left unfilled. Whether the parents are living or dead, their names must be given.

The person who signs the blank as consenting to the transfer should indicate his relation to the applicant by marking out the word "parent," "guardian," or "next of kin," leaving unmarked only the title appropriate to the signer.

INDORSEMENTS.

The laws relating to the transfer of Indian children from reservations and schools are as follows:

That hereafter no Indian child shall be sent from any Indian reservation to a school beyond the State or Territory in which said reservation is situated without the voluntary consent of the father or mother of such child if either of them are living, and if neither of them are living without the voluntary consent of the next of kin of such child. Such consent shall be made before the agent of the reservation, and he shall send to the Commissioner of Indian Affairs his certificate that such consent has been voluntarily given before such child shall be removed from such reservation. And it shall be unlawful for any Indian agent or other employee of the Government to induce, or seek to induce, by withholding rations or by other improper means, the parents or next of kin of any Indian to consent to the removal of any Indian child beyond the limits of any reservation. (28 Stats., p. 906.)

Provided, That hereafter no Indian child shall be taken from any school in any State or Territory to a school in any other State against its will or without the written consent of its parents. (29 Stats., p. 348.)

The rules provide that—

A pupil who has been regularly enrolled in a nonreservation school must not be taken to any other nonreservation school without the consent of both Superintendents and the Commissioner of Indian Affairs, and Superintendents will be held to strict accountability for such pupils taken to their schools.

An Indian boy or girl 18 years old and over may, without the consent of parents or others, personally sign the application form on its being changed to suit the case; but in all cases where the parents are living they should first be consulted.

This form is to be used only in transfers from reservations or Indian schools to nonreservation schools.

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TRADE RECORD, CARLISLE.

JUL 1 1910

JAN 1 1911

Jan. 1, 19..... to June 30, 19.....

PUPIL

Robert Lirny

TRADE

Carpenter

ABILITY

Good

CONDUCT

Good

REMARKS

INSTRUCTOR

J. W. Burr

3580

NAME. Robert Giroux

TRIBE. Sioux

PARENT OR GUARDIAN.

George Giroux

DATE ENROLLED.

Oct. 7, 1910

TERM.

Three years

AGE.

20

HOME ADDRESS

Gooby, S. Dak.

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM
NO.

Scholarship

Conduct.

Shop.

Ability.

Conduct.

Room
No.

Neatness

Conduct.

Ability.

Conduct

Jan. 11
July '115
5Med Ex
Home.

Carp

7. 9

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